



SAFE ROUTES TO SCHOOL TRAINING REVIEW

Safe Routes to School Sponsor _____

Project Name _____

Contract Number _____

Name of Training _____

Location _____

Date(s) _____

Person(s) Attending _____

Name & Title _____

Name & Title _____

Purpose of Training

How will the training benefit the local Safe Routes to School Program?

Total SRTS funds to be spent

Total amount of funds contributed by sponsoring agency

Attendee Signature

Grant Sponsor Signature

Print Name

Print Name

For KYTC Office of Special Programs use only

☐ Approved

☐ Denied

Signature

Date

Print Name

Reason Denied

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